Supporting a Student with Concussion: Your role as a teacher

Helping students with their concussion care and returning to school, play, sport and daily life activities requires the support of many. As a teacher, you have an important role to play! If you are a teacher who has never had a student with a concussion, use this information to build your knowledge. For teachers who have had a student with a concussion, use this information to advocate for the care and support the student may need.

About this resource: The information shared in this resource is based on the Living Guideline for Pediatric Concussion Care. Elementary and Highschool teachers reviewed and selected recommendations from this Guideline that they thought teachers should be aware of.

EDUCATION: Know about concussion

• A concussion is a brain injury caused by sudden shaking of the head. Any hit to the head, face, neck or body can cause a concussion. Concussions can happen from a fall, during a motor vehicle collision or sports, or during play at school, camp or in the neighbourhood.
  • If the student has a significant impact to the head, face, neck, or body and reports any symptoms or shows any of the visual signs of a concussion, you should suspect a concussion.
  • If the student has any ‘red flag symptoms’ that may indicate a more serious injury (severe or worsening headache, neck pain or tenderness, double vision, seizures or convulsions, loss of consciousness, increase in confusion, restlessness, agitation, or aggressive behaviours, repeated vomiting, or slurred speech) call an ambulance as soon as possible. Symptoms may appear right away or up to a couple of days after the injury.

Concussion symptoms: Symptoms describe how someone feels after they are injured. Some symptoms may not appear until the next day. Common concussion symptoms your student may experience are:

• Headaches or head pressure
• Blurred or fuzzy vision
• Dizziness
• Sensitivity to light or sound
• Nausea and vomiting
• Balance problems
• Easily upset or angered
• Feeling more emotional
• Nervous or anxious
• Sadness
• Sleeping more or less
• Having a hard time falling asleep
• Feeling slow, tired or having no energy
• Difficulty working on a computer
• Not thinking clearly
• Difficulty reading or remembering

Concussion signs: Signs describe how a student looks or acts when they are injured. Common concussion signs are:

• Lying still on the ground or ice
• Slow to get up
• Confusion or can’t answer questions
• Blank stare
• Difficulty standing or walking
• Injury to the face or holding their head

Take action: Know your school’s role in concussion!

Enquire if your school has a concussion policy/protocol and refer to it. Determine if:
• concussion education is provided
• staff are oriented to the policies/protocols
• policies/protocols are reviewed and updated regularly
If your school does not have a concussion policy/protocol, talk to your administration about putting one in place.

Take action: A student returning to physical activity (e.g. Phys Ed class, intramural sports) too soon after a concussion can lead to another injury. This may affect how they recover. If you think the student has a concussion:
• Sit them out
• Contact the parents immediately
• Recommend that the student be seen by a medical doctor or nurse practitioner as soon as possible
• If the student has any red flag symptoms they need an emergency medical assessment
CONCUSSION RECOVERY: Understand the steps involved

• Complete rest for the first 1-2 days after a concussion (but not longer) is key! After this short rest, and even if the student is still experiencing concussion symptoms, the student should start activities (physical and thinking) that do not:
  • make symptoms worse
  • bring on new symptoms
  • increase the risk of a fall or hit to the head or body that could cause another concussion (e.g. contact sport, full game play)

• As a teacher, you can play an active role in supporting all students with a concussion to make a gradual and individualized (step-by-step) return-to-school. Use the steps below to guide this process.

Return-to-School Steps:

<table>
<thead>
<tr>
<th>Steps*</th>
<th>Activity</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Complete rest (Maximum 1-2 days)</td>
<td>Mental and physical rest. Avoid school work, screened devices, and driving. Limit activities that increase the heart rate.</td>
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<tr>
<td>2</td>
<td>Activities at home that do not make the student feel worse</td>
<td>Reading, texting, screen time and other activities that do not make symptoms worse. Start at 5-15 minutes at a time and gradually increase.</td>
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<tr>
<td>3</td>
<td>School activities</td>
<td>Homework, reading or other activities outside of the classroom.</td>
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<tr>
<td>4</td>
<td>Return-to-school part-time</td>
<td>Getting back to school for a few hours or half days. Gradual increase in school activities with academic accommodations as needed.</td>
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<tr>
<td>5</td>
<td>Return-to-school full-time</td>
<td>Gradual return to full days at school (No medical clearance from a Doctor is required)</td>
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</tbody>
</table>

* The student can start these steps 1-2 days after a concussion, even with symptoms. Each step should take about one day. If symptoms get worse, the student should go back to the last step. Try it again until the student can do it without bringing on new symptoms or making symptoms worse. It is important to receive a note from the medical doctor or nurse practitioner that states the student is cleared to return to full-contact sport or high-risk activity.

Take action:

Every student’s experience with concussion is different. As you help the student return-to-school, things you might want to talk to them about are:

- Importance of returning to school and safe physical activities for recovery
- Importance of sleep
- Driving safety
- Maintaining social interactions
- Avoiding activities and games that may risk another head injury
- Help the student to identify safe activities that do not make symptoms feel worse. Help the student identify activities that worsen existing concussion symptoms or bring on new symptoms and find alternatives.
- Ask how they are feeling (e.g. emotions, headache, decreased attention) and if they are avoiding drugs and alcohol.

Steps to return-to-school and sport can happen at the same time. It is important that the student return-to-school full-time at a full academic load (i.e. writing exams without accommodations in place as a result of the concussion) before returning to full-contact sport or high-risk activities.
STAY CONNECTED: Communicate with the student, family and coaches

- If the student tells you that they have had a concussion, ask if they have been to see a doctor or nurse practitioner.
- Have ongoing conversations about concussion symptoms, medical management and recovery so that you can best support the student through the concussion recovery process.
- If you notice that the student is developing new concussion-like symptoms or sustains a new suspected concussion, recommend that the student be seen by a medical doctor or nurse practitioner.
- Concussion recovery takes time, so it is important to have patience with the student and the family during this process.

Looking for resources?

Here are examples of resources that might be helpful and that you can share with your colleagues and schoolboard:

- Concussion Recognition Tool 5: To help identify concussion in children, adolescents, and adults
- Parachute Concussion Guidelines for Parents & Caregivers
- Concussion Ed – Parachute Concussion Education
- SchoolFirst: Enabling successful return-to-school for Canadian youth following a concussion
- CATT: Concussion Resources for Parents or Caregivers
- CATT: Student Return to Learn Plan
- CATT: Return to Activity Strategy
- CATT: Return to School Strategy
- CATT: Return to Sport Strategy

- PedsConcussion: The Living Guideline for Pediatric Concussion Care - Community Resources and Family Version of the Clinical Guideline

www.pedsconcussion.com